



Last Updated: 03/09/2022

## Notice of Changes to the Process for Obtaining Patient Pay Information for Medicaid Enrollees - Effective March 1, 2009

### PATIENT PAY INFORMATION

The purpose of this memorandum is to inform you of upcoming changes to the patient pay process. A second Medicaid Memo will be issued at the end of February 2009, which will contain more detailed information and instructions on the new patient pay process and how to access patient pay information via ARS or Medically.

Effective March 1, 2009, implementation of the electronic patient pay process will begin. Local departments of social services (LDSS) will be required to enter data regarding an individual's patient pay obligation into the Medicaid Management Information System (MMIS) at the time action is taken on a case either as the result of an application, redetermination of eligibility, or reported change. LDSS will continue to use the DMAS-122, Patient Information Form, to transmit patient pay obligation information until the date of implementation.

### CHANGES TO ARS AND MEDICAL

Verification of an individual's patient pay obligation will be available through the web-based ARS system and telephone-based Medical system. The provider community should begin transition to the electronic process on the first of March. Within 12 months, all patient pay info will be entered into MMIS and once the MMIS electronic patient pay process is fully implemented, the LDSS will no longer advise providers of patient pay obligations for enrollees.

### MEDICAID LTC COMMUNICATION FORM

Use of the DMAS-122 form by providers and LDSS staff will cease to be effective on March 1, 2009, as the form will be obsolete at that time. For communication of information other than patient pay, a new communication form has been created. The Medicaid LTC Communication Form (DMAS-225) will be available at [www.dmas.virginia.gov](http://www.dmas.virginia.gov) beginning February 1, 2009.



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## **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

## **"HELPLINE"**

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays, to answer questions. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid provider identification number available when you call.

All claims questions or concerns will be referred to the DMAS HELPLINE.

## **PROVIDER E-NEWSLETTER SIGN-UP**

The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing



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programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at [www.dmas.virginia.gov/pr-enewsletter.asp](http://www.dmas.virginia.gov/pr-enewsletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.